

<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">F</div> <div> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b>            (FOR USE WITH FORM PTO-875)         </div> </div>							SERIAL NO. <div style="font-size: 1.5em;">09/825128</div>		FILING DATE	
CLAIMS							APPLICANT(S)			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
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TOTAL CLAIMS	15									